



**RatnerPrestia**  
WE SPECIALIZE IN THE LAW OF CREATIVITY

**RECEIVED**  
**CENTRAL FAX CENTER**

**NOV 24 2004**

☒ Suite 301, One Westlakes, Berwyn  
P.O. Box 980  
Valley Forge, PA 19482-0980  
Phone: 610-407-0700  
Fax: 610-407-0701

☐ Nemours Building  
1007 Orange Street, Suite 1100  
P.O. Box 1596  
Wilmington, DE 19899  
Phone: 302-778-2500  
Fax: 302-778-2600  
[www.ratnerprestia.com](http://www.ratnerprestia.com)

☐ Suite 265  
Commerce Corporate Center  
5100 Tilghman Street  
Allentown, PA 18104  
Phone: 610-530-8100  
Fax: 610-530-8200

## FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: November 24, 2004

TIME: \_\_\_\_\_

TO:	USPTO	FAX NO.:	1-703-872-9306
FROM:	Daniel N. Calder	ADMIN. ASST.:	Donna M. Wellings
APPLN. NO.:	09/811,661	ATTY. DOCKET NO.:	MTS-3242US
TITLE OF APPLN.: IMAGE SIGNAL ENCODING DEVICE AND IMAGE SIGNAL ENCODING METHOD			
FILING DATE:	March 19, 2001	ART UNIT:	2621
FIRST INVENTOR:	Yuji Fujiwara, et al.	CONF. NO.:	9405
TITLE OF DOCUMENT (and List of Attachments): Petition Under 37 C.F.R. Section 1.181			
Transmittal (1); Petition (2); Copy//Postcard (1); Copy/Supp. IDS (2); Copy/1449 (2)			

Total Number of Pages: 9 (including this form)

### COMMENTS

### CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION

This facsimile transmission (and/or documents accompanying it) may contain attorney/client privileged communications and confidential business information that is intended for use only by the individual or company to whom it is addressed. Disclosure, interception, copying or any other use of this transmission by anyone other than any intended recipient is prohibited. If you receive this transmission by mistake, please notify the sender.

**Please notify us immediately if you have not received the number of pages indicated above.**

PTO/SB/21 (09-04) (AW 10/2004)

Approved for use through 7/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/811,861
	Filing Date	March 19, 2001
	First Named Inventor	Yuji Fujiwara, et al.
	Art Unit	2621
	Examiner Name	Jose L. Couso
	Attorney Docket No.	MTS-3242US
Total Number of Pages in This Submission 8		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below: 1.181 Petition; Copy of Return Receipt Postcard; Copy of Supplemental IDS; Copy of 1449
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature	<i>Daniel N. Calder</i>		
Printed Name	Daniel N. Calder		
Date	November 24, 2004	Registration No.	27,424

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Donna M. Wellings</i>		
Typed or Printed Name	Donna M. Wellings	Date	November 24, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

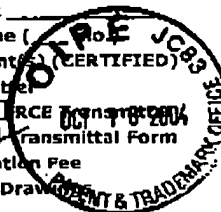
Commissioner for Patents:

Date: October 15 2004

Please acknowledge receipt of the document(s) described below by imprinting the Patent and Trademark Office "date-stamp" hereon and returning this card to the addressee indicated on the reverse side.

FILE NO. MTS-3242US FEE DUE? NO or \$ 180.00NAME: Y. Fujiwara et al

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> IDS and PTO Form 1449 ( <u>4</u> pp.) (SUPPLEMENTAL: <u>YES</u> or NO) | <input checked="" type="checkbox"/> Copy of Search Report  |
| <input type="checkbox"/> Amendment ( <u>    </u> pp.) (PRELIMINARY: YES or NO)                             | <input type="checkbox"/> Petition for Ext. of Time ( )   |
| <input checked="" type="checkbox"/> Copy of <u>9</u> reference(s)  | <input type="checkbox"/> <u>    </u> Priority Document(s) (CERTIFIED)  |
| <input type="checkbox"/> Verification of a Translation   | <input type="checkbox"/> Copy of Formalities Letter  |
| <input type="checkbox"/> Claim To Right of Priority  | <input type="checkbox"/> Form 1390 <input type="checkbox"/> Certificate of Express Mailing <input type="checkbox"/> RCE Transmittal Form |
| <input type="checkbox"/> Response to Missing Parts   | <input checked="" type="checkbox"/> Fee Transmittal <input type="checkbox"/> Transmittal Form  |
| <input type="checkbox"/> Declaration/POA ( <u>    </u> pp.)  | <input type="checkbox"/> Issue Fee and Publication Fee   |
| <input type="checkbox"/> Assignment & Form 1595 (3 pp.)  | <input type="checkbox"/> Submission of Formal Drawings   |
| <input type="checkbox"/> <u>    </u> Sheets of Drawings (Formal)   | <input type="checkbox"/> Status Request  |
| <input type="checkbox"/> Certificate of Correction and 1050  | <input type="checkbox"/> Check(s)  |
| <input type="checkbox"/> Response to Restriction Requirement   | <input checked="" type="checkbox"/> Credit Card Payment Form   |
| <input type="checkbox"/> Selection of Practitioners  |  |

USSN: 09/34,661

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**